Appendix 3: Supplementary tables [posted as supplied by author]

Table A. Characteristics of Included Randomised or Quasi-Randomised Controlled Trials.

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Akerblom, 2005 [1] Knip, 2010 [2] (Nutramigen, Mead Johnson)	RCT	122/ 120	Finland	**TRIGR pilot**. Newborn infants with 1st degree relative with T1DM. High risk.	eHF-casein from <6 months to 6-8 months vs whey enriched CM formula (20% hydrolysed).	7, 8, 10	Diabetes Mellitus (clinical diagnosis, autoantibodies)
Becker, 2004 [3]; Chan-Yeung, 2000 [4]; Chan-Yeung 2005 [5]; Wong, 2013 [6] (Good Start, Nestlé)	RCT	281/ 268	Canada	**CAPPS Study.** Infants with family history of allergic conditions. High risk.	Multifaceted intervention including pHF-whey up to 12 months (only 8.3% of infants used), vs usual care/standard formula.	1, 7	Allergic Sensitisation (SPT), Allergic Rhinitis (DD), Wheeze (ISAAC and modified ECRHS), Eczema (DD), bronchial hyper-responsiveness (Metacholine PC20 <7.8), Lung function (FEV1)

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Boyle 2015 [7] (pHF, Nutricia)	RCT	432/431	Australia Singapore England and Ireland	**PATCH Study.** Term infants with ≥one parent with allergic disease, and formula introduction <18 weeks. High risk.	pHF-whey + prebiotic, vs standard formula, from <18 to 26 weeks. Outcome reported for those starting <4 wks.	1	AD (Hanifin and Rajka criteria)
Chan, 2002 [8] (NanHA, Nestlé)	RCT	76/77	Singapore	Infants whose parents didn't intend to breastfeed/ atopy in a 1st degree relative. High risk.	pHF-whey from birth to ≥4 months, vs standard formula.	0.3, 1, 2, 2.5	Wheeze (DD), Eczema (clinical diagnosis), Allergic Sensitisation (sIgE)
Chirico, 1997 [9] (Vivena HA, Plada)	RCT	Unclear. 21/14 assessed at 6 months	Italy	Very early formula introduction. Maternal history of atopy. High risk.	pHF-whey from birth to 6 months vs standard formula.	0.5	Allergic Sensitisation (sIgE), Eczema (clinical diagnosis)

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
de Seta, 1994 [10] (Nidina HA, Nestlé)	RCT	Unclear. 23/39 assessed at 2 years	Italy	Representative population of high risk infants. High risk.	pHF-whey with advice to delay CM introduction, vs standard formula from birth to 6 months.	2	Eczema (Hanifin and Rajka criteria), Wheeze (DD)
Dupont, 2009 [11] (Formula unknown)	RCT	138/141	France	Multicentre study of high risk infants. High risk.	eHF vs pHF	1	Total IgE
Halken, 1993 [12] (Nutramigen, Mead Johnson; Profylac, ALK)	RCT	59/62	Denmark	High risk infants with raised cord blood IgE. High risk.	eHF-casein vs eHF-whey , as needed to 6 months.	1.5	Eczema (DD), Wheeze (≥2 physician diagnosed episodes), Food allergy CM (food challenge)
Knip, 2014 [13] (Nutramigen, Mead Johnson)	RCT	2613/2543	Finland	**TRIGR study.** Newborn infants with 1st degree relative with T1DM. High risk.	eHF-casein from <6 months to 6-8 months vs whey enriched CM formula (20% hydrolysed).	7	Diabetes Mellitus (>=2 or >=1 autoantibodies)

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Lovegrove, 1994 [14] (Peptijunior, Nutricia)	RCT	12/14	UK	Allergic pregnant women aged 31 ± 5 years recruited. High risk.	Multifaceted intervention including eHF-whey vs standard formula/no intervention.	0.5, 1, 1.5	Eczema (DD)
Lowe, 2011 [15] (NanHA, Nestlé)	RCT	206/206	Australia	Representative population.1st degree relative with atopy. High Risk.	pHF-whey vs standard formula during first year.	0.5, 1, 2, 7	Eczema (DD), Allergic Rhinitis (parental report/DD), Food Allergy (parent report), Wheeze (DD), Allergic Sensitisation (SPT)
Mallet, 1992 [16] (Pregestimil, Mead Johnson)	RCT	92/85	France	Immediate family history of atopy. High Risk.	eHF-casein vs standard formula up to 4 months as needed.	0.33, 1, 2, 4	Wheeze (physician assessment), Eczema (physician assessment), Allergic Sensitisation (sIgE), Food Allergy (parent report)
Marini, 1996 [17] (Nidina HA, Nestlé)	RCT	80/75	Italy	Representative population. High Risk.	pHF-whey vs standard formula up to 5 months as needed.	1, 2, 3	Eczema (DD), Wheeze (≥3 physician diagnosed eposides) , Allergic Rhinoconjunctivitis (≥3 consecutive weeks of clinical symptoms)

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Martikainen, 1996 [18]; Vaarala,1998 [19] (Nutramigen, Mead Johnson)	RCT	10/10	Finland	Infants of mothers with diabetes. High Risk.	eHF-c vs standard formula, from < 6 until 9 months as needed.	0.5, 1	Diabetes Mellitus (clinical diagnosis, autoantibodies), Food Allergy
Moran, 1992 [20] (pHF, Mead Johnson)	RCT	Unclear. 72/65 assessed at 8 months	USA	Term infants of mothers who elected not to breast feed. Mainly urban middle class families. Normal Risk.	pHF vs standard formula, until 8 months.	0.67	Allergic Sensitisation (sIgE)
Odelram, 1996 [21] (Profylac, ALK)	RCT	~41/ ~41	Finland/ Sweden	Family history of atopy and raised cord blood IgE. High Risk.	eHFvs standard formula for the first year, as needed.	1.5	Food Allergy (physician assessment), Allergic Sensitisation (SPT, sIgE), Eczema (Seymour criteria), Allergic Rhinitis, Wheeze (≥2 physician diagnosed episodes)

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Oldaeus,1997 [22]; Oldaeus, 1999 [23] (pHF or Nutramigen, both Mead Johnson)	RCT	51 pHF; 55 eHF; 49 CM	Sweden	Family history of atopy, raised cord blood IgE, maternal/infant milk/egg/fish exclusion. High Risk.	pHF or eHF-casein vs standard formula, from weaning until 9 months.	0.75, 1, 1.5	Eczema (Seymour criteria), Allergic Rhinoconjunctivitis (DD), Food Allergy (open food challenge), Wheeze (≥3 physician diagnosed episodes), Allergic Sensitisation (sIgE, SPT), Wheeze (parent reported)
Paronen, 2000 [24] (Nutramigen, Mead Johnson)	RCT	61/58	Finland	Newborn infants with 1st degree relative with TIDM, and high risk HLA type. High Risk.	eHF-casein vs standard formula, from <6 to 6-8 months as needed. Mean 4.8 months control/ 3.6 eHF.	2	Diabetes Mellitus (autoantibodies)
Porch, 1998 [25] (Good Start, Nestlé; Nutramigen, Mead Johnson)	RCT	59/48	USA	Formula fed from birth. At least one parent with allergy. High Risk.	pHF-whey vs eHF-casein for 1 year.	1	Eczema (DD/nurse diagnosed)

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Scalabrin, 2009 [26]; Scalabrin, 2014 [27] (pHF or Nutramigen, both Mead Johnson)	RCT	95/95	USA	Solely formula fed for ≥24 hours prior to 14 days age. Normal risk.	eHF-casein plus LGG vs pHF with LGG, from <14 to 120-150 days.	0.4, 5	Allergic Sensitisation (sIgE-CM), Eczema (DD), Wheeze (DD), Allergic Rhinitis (DD), Food Allergy (DD)
Schmitz, 1992 [28] (Nidal HA, Nestlé)	RCT	128/128	France	Representative population. Normal risk.	pHF-whey vs standard formula for the first 5 days.	0.25, 0.4, 1	Eczema (DD), Allergic Rhinitis (DD), Allergic Sensitisation (sIgE), Wheeze (DD)
Schonberger, 2005 [29] (Nutrilon Pepti, Nutricia)	RCT	242/234	Nether-lands	**PREVASC Study.** Mothers with family history of asthma. High Risk.	Multifaceted intervention including eHF-whey vs standard formula to 6 months.	2	Eczema (ICHPPC), Wheeze (Dutch Guideline ‘‘Asthma in Children’’ and ISAAC), Allergic Sensitisation (sIgE)
Shao, 2006 [30] (Formula unknown)	RCT	23/23	China	Infants with family history of atopy. High Risk.	Multifaceted intervention including pHF-whey vs standard formula, from birth to 12 months.	1.5	Eczema (Wolkerstorfer score), Allergic Sensitisation (SPT)

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Tsai, 1991 [31] (NanHA, Nestlé)	RCT	15/18	Taiwan	Healthy term infants at risk of allergy. High Risk.	pHF-wheyfrom 1-2 to 6 months vs standard formula.	1	Eczema (clinical symptoms), Allergic Rhinitis (clinical symptoms), Wheeze, Allergic Sensitisation (sIgE)
Vaarala, 2012 [32] (Peptidi-Tutteli, Valio)	RCT	350/389	Finland	**FINDIA Study.** Term infants with high risk HLA-type but no maternal diabetes. High risk.	eHF-whey vs standard formula from birth to 6 months as needed.	0.25, 0.5, 3 , 6	Diabetes (autoantibodies, clinical diagnosis)
Vandenplas 1992 [33]; Vandenplas 1995 [34] (NanHA, Nestlé)	RCT	~38/~38	Belgium	Family history of atopy, and not breast fed. High Risk.	pHF-wheyvs standard formula, from birth to 6 months.	0.5, 1, 3	Eczema, Allergic Rhinoconjunctivitis (clinical symptoms), Wheeze (clinical symptoms), Allergic Sensitisation (sIgE, SPT), Food Allergy

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
von Berg 2003 [35], 2008 [36], 2010 [37], 2013 [38] (BebaHA, Nestlé; Nutramigen, Mead Johnson; Hipp HA, Nutricia)	RCT	eHF-w 559; eHF-c 580; pHF-w 557; CM 556	Germany	**GINI Study.** First degree family member with allergic disease. Representative population. High Risk.	pHF-whey , eHF-caseinor eHF-whey vs standard formula to 6 months as needed. 65% introduced formula <4 weeks.	1, 3, 6, 10	Eczema (Hanifin and Rajka criteria), Food Allergy - Any (IgE and non-IgE, clinical symptoms), Wheeze (parent reported ≥3 episodes), Allergic Sensitisation (sIgE)
Zeiger 1989 [39], 1995 [40] (Nutramigen, Mead Johnson)	RCT	Unclear. 103/185 followed at 4 months	USA	Infants covered by Kaiser Permanente Health Plan, with an allergic parent. High Risk.	Multifaceted intervention including eHF-casein , vs no intervention/standard formula to 1 year.	2, 4, 7	Eczema (Hanifin and Rajka Criteria), Allergic Rhinoconjunctivitis (DD), Food Allergy - Any (DD), Wheeze (≥2 physician diagnosed episodes), Allergic Sensitisation (SPT)
Exl, 1998 [41] (Beba HA, Nestlé)	qRCT	564/ 566	Switzerland.	**ZUFF Study.** Representative population. Normal risk.	pHF-whey with solid foods delayed to 4 months, vs standard care.	0.1, 0.25, 0.5	Eczema (parental monitoring and DD), Wheeze

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Halken, 2000 [42] (NanHA, Nestlé)	qRCT	pHF 85; eHF-w 82; eHF-c 79	Denmark	High risk infants with raised cord blood IgE. High risk.	pHF-whey vs eHF-casein or eHF-whey from birth to 4 months as needed.	1.5	Wheeze (≥3 physician diagnosed episodes), Eczema (DD), Allergic Rhinoconjunctivitis (DD), Food Allergy (Parental report/challenge)
Juvonen, 1994 [43]; Juvonen, 1996 [44]; Juvonen, 1999 [45] (Nutramigen, Mead Johnson)	qRCT	~43eHF; ~58 HM, ~43 CM	Sweden	Healthy term infants. Normal risk.	eHF-casein vs standard formula or human milk, from 0 to 3 days. Exclusively breast-fed thereafter.	0.17, 0.33, 0.67, 2, 3,	Food Allergy (clinical symptoms), Eczema (physician assessment), Wheeze (physician assessment), Allergic Sensitisation (SPT, sIgE)
Nentwich, 2001 [46] (Beba HA, Nestlé; Hipp HA, Nutricia)	qRCT	37/36	Czech Republic	Term infants with an allergic first degree relative. High Risk.	pHF-whey (Beba HA) vs eHF-whey for a mean 240 days in the first year.	0.5, 1	Eczema (physician assessment), Allergic Sensitisation (sIgE)
Saarinen, 1999 [47]; Savilahti, 2009 [48] (Pepti-Junior, Nutricia)	qRCT	1737 eHF; 1789 CM; 1859 HM	Finland	Infants with formula milk before hospital discharge. Normal risk.	eHF-whey vs standard formula or human milk, from birth for mean 4 days.	2, 11.5	Food allergy - CM (food challenge), Diabetes Mellitus (clinical diagnosis)

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Vandenplas, 1988 [49] (Formula unknown)	qRCT	Unclear. 15/60 assessed at 4 months	Belgium	Infants at risk of allergy. ? not breastfed. High Risk.	Hypoallergenic formula (?pHF) vs standard formula up to 4 months.	0.33	Allergic Sensitisation (sIgE, SPT)

ICHPPC International Classification of Health Problems in Primary Care, RCT Randomised controlled trial, qRCT Quasi-randomised controlled trial, DD Doctor diagnosis (community), Physician assessment is assessment by study physician, SPT skin prick test, sIgE specific IgE, CM cow's milk formula, HM human milk, pHF partially hydrolysed formula, eHF-c extensively hydrolysed, casein based formula, eHF-w extensively hydrolysed, whey based formula. Nan HA, Beba HA, Good Start, and Nidal HA are the same product with different brand names. Hipp HA and Nutrilon Pepti are the same product with different brand names.

Table B. Characteristics of Included Controlled Clinical Trials.

Study	Design	No. Allocated Int/Ctrl	Country	Population	Treatment	Age at outcome (yr)	Outcomes reported (assessment method)
Akimoto, 1997 [51] (Nan HA, Nestlé)	CCT	~35/~98	Japan	Newborn infants. Disease risk not stated	pHF-whey from birth to 6 months if needed, vs standard infant formula	0.33, 1, 1.5, 3	Eczema (questionnaire survey), Wheeze (questionnaire survey)
Han, 2003 [52] (HA21, Maeil Dairy Industry)	CCT	~40/~40	South Korea	Healthy term infants of parents with allergic disease attending a Dairy Industry maternity school. High Risk.	pHF vs standard formula from birth to 6 months as needed.	0.5	Eczema
Willems, 1993 [50] (Nan HA, Nestlé)	CCT	~90/~90	Belgium	Infants who were not breastfed, with first degree relative affected by allergy. High Risk.	pHF-whey vs standard formula, from birth to 3 months.	1	Eczema (DD), Wheeze (DD), Allergic Rhinoconjunctivitis (DD)

CCT Controlled Clinical Trial, DD Doctor diagnosis (community), pHF partially hydrolysed formula.

Table C. Risk of Bias and Generalisability/Study Conduct Issues in Included Trials Reporting Allergic Outcomes.

Study	Assessment Bias	Selection Bias	Attrition Bias	Overall Risk of Bias	Risk of Conflict of Interest	Generalisability/Study Conduct
Becker, 2004 [3]; Chan-Yeung, 2000 [4]; Chan-Yeung 2005 [5]; Wong, 2013 [6] (Good Start, Nestlé)	Low	Low	Low	Low	Low	Low uptake of hydrolysed formula in intervention group
Boyle 2015 [7] (pHF, Nutricia)	Unclear	Unclear	Unclear	Unclear	Unclear	Nil (abstract publication only)
Chan, 2002 [8] (NanHA, Nestlé)	Unclear	Unclear	Unclear	Unclear	High *formula company funded study*	All infants exclusively formula fed
Chirico, 1997 [9] (Vivena HA, Plada)	Unclear	Unclear	Unclear	Unclear	Unclear	Infants who 'could not be breastfed' were randomised to different formula groups on the first day of life
de Seta, 1994 [10] (Nidina HA, Nestlé)	Unclear	Unclear	Unclear	Unclear	Unclear	Breastfeeding not mentioned – intervention group may not have been breastfed at all
Dupont, 2009 [11] (Formula unknown)	Unclear	Unclear	Unclear	Unclear	Unclear	Insufficient information to assess (abstract publication only)

Study	Assessment Bias	Selection Bias	Attrition Bias	Overall Risk of Bias	Risk of Conflict of Interest	Generalisability/Study Conduct
Halken, 1993 [12] (Nutramigen, Mead Johnson; Profylac, ALK)	Unclear	Unclear	Unclear	Unclear	Unclear	Nil
Lovegrove, 1994 [14] (Peptijunior, Nutricia)	Low	Unclear	Low	Unclear	High *formula company funded study and first author*	Nil
Lowe, 2011 [15] (NanHA, Nestlé)	Low	Unclear	Low	Unclear	High *formula company funded study*	Nil
Mallet, 1992 [16] (Pregestimil, Mead Johnson)	High *non-blinded study*	Unclear	Low	High	Unclear	Insufficient information to assess
Marini, 1996 [17] (Nidina HA, Nestlé)	Low	Unclear	Low	Unclear	Unclear	Infants were enrolled on day 1 of life, and over 50% of infants were exclusively formula fed from this time
Martikainen, 1996 [18]; Vaarala,1998 [19] (Nutramigen, Mead Johnson)	Unclear	Unclear	Unclear	Unclear	Low	Nil

Study	Assessment Bias	Selection Bias	Attrition Bias	Overall Risk of Bias	Risk of Conflict of Interest	Generalisability/Study Conduct
Moran, 1992 [20] (pHF, Mead Johnson)	Unclear	Unclear	High *~35% randomised did not contribute to outcome analysis*	High	High *single author, an employee of formula company*	All infants exclusively formula fed
Odelram, 1996 [21] (Profylac, ALK)	Low	Unclear	High *~31% randomised did not contribute to outcome analysis*	High	Low	Nil
Oldaeus,1997 [22]; Oldaeus, 1999 [23] (pHF or Nutramigen, both Mead Johnson)	Low	Unclear	Low	Unclear	Unclear	Nil
Porch, 1998 [25] (Good Start, Nestlé; Nutramigen, Mead Johnson)	Low	Unclear	Low	Unclear	High *formula company funded study*	Some infants were randomly assigned to a formula milk at birth, with formula delivered to their local neonatal unit

Study	Assessment Bias	Selection Bias	Attrition Bias	Overall Risk of Bias	Risk of Conflict of Interest	Generalisability/Study Conduct
Scalabrin, 2009 [26]; Scalabrin, 2014 [27] (pHF or Nutramigen, both Mead Johnson)	Low	Low	High *~75% randomised did not contribute to outcome analysis*	High	High *some authors were employees of formula company*	All infants solely formula fed for at least 24 hours prior to 14 days age.
Schmitz, 1992 [28] (Nidal HA, Nestlé)	Unclear	Unclear	Unclear	Unclear	Unclear	Nil
Schonberger, 2005 [29] (Nutrilon Pepti, Nutricia)	Unclear	Unclear	Low	Unclear	Unclear	Nil
Shao, 2006 [30] (Formula unknown)	Unclear	Unclear	Low	Unclear	Unclear	Infants were randomised to formula at birth
Tsai, 1991 [31] (NanHA, Nestlé)	Unclear	Unclear	Low	Unclear	High *formula supplier funded study*	All infants were exclusively formula fed

Study	Assessment Bias	Selection Bias	Attrition Bias	Overall Risk of Bias	Risk of Conflict of Interest	Generalisability/Study Conduct
Vandenplas 1992 [33]; Vandenplas 1995 [34] (NanHA, Nestlé)	Low	Unclear	Low	Unclear	High *formula company undertook statistical analysis*	All infants were exclusively formula fed
von Berg 2003 [35], 2008 [36], 2010 [37], 2013 [38] (BebaHA, Nestlé; Nutramigen, Mead Johnson; Hipp HA, Nutricia)	Low	Low	Low	Low	Unclear	Nil
Zeiger 1989 [39], 1995 [40] (Nutramigen, Mead Johnson)	Low	Unclear	High *unclear how many lost to follow up early; ~40% lost to follow up between age 4 months and 4 years*	High	Unclear	Nil
Exl, 1998 [41] (Beba HA, Nestlé)	High *outcome assessment unlikely to be blinded*	High *treatment allocated according to town of birth*	Low	High	High *formula company funded study and employed most of the authors*	Nil

Study	Assessment Bias	Selection Bias	Attrition Bias	Overall Risk of Bias	Risk of Conflict of Interest	Generalisability/Study Conduct
Halken, 2000 [42] (NanHA, Nestlé)	Low	Unclear	Low	Unclear	Unclear	Nil
Juvonen, 1994 [43]; Juvonen, 1996 [44]; Juvonen, 1999 [45] (Nutramigen, Mead Johnson)	Unclear	High *treatment allocated by maternal date of birth*	Low	High	Low	Breastmilk was withheld for the first 3 days of life in some infants
Nentwich, 2001 [46] (Beba HA, Nestlé; Hipp HA, Nutricia)	Low	Unclear	Low	Unclear	Low	Treatment allocation during pregnancy, and participants were told the name of their allocated formula before birth
Saarinen, 1999 [47]; Savilahti, 2009 [48] (Pepti-Junior, Nutricia)	Unclear	Unclear	Low	Unclear	Low	87% of infants received supplementary feeding during their postnatal hospital stay (mean 4 days)
Vandenplas, 1988 [49] (Formula unknown)	Unclear	High *inclusion was chronological*	High *number randomised not stated, but expected to be high*	High	Unclear	All infants were exclusively formula fed from birth

Study	Assessment Bias	Selection Bias	Attrition Bias	Overall Risk of Bias	Risk of Conflict of Interest	Generalisability/Study Conduct
Akimoto, 1997 [51] (Nan HA, Nestlé)	Unclear	High *no information about method of treatment allocation*	High *16 participants allocated to pHF were analysed in the control group due to poor compliance*	High	Unclear	Breastfeeding not mentioned – intervention group may not have been breastfed at all
Han, 2003 [52] (HA21, Maeil Dairy Industry)	Unclear	High *treatment allocated according to parental preference*	High *~40% randomised did not contribute to outcome analysis*	High	High *formula company provided 'assistance to the survey'*	Nil
Willems, 1993 [50] (Nan HA, Nestlé)	Unclear	High *treatment allocated according to month of birth*	High *~75% randomised did not contribute to outcome analysis*	High	Unclear	All infants were exclusively formula fed from birth

Nan HA, Beba HA, Good Start, and Nidal HA are the same product with different brand names. Hipp HA and Nutrilon Pepti are the same product with different brand names. Explanations are provided where judgements were made that risk of bias or conflict of interest is High.

Table D. Risk of Bias and Generalisability/Study Conduct Issues in Included Trials Reporting Autoimmune Outcomes.

Study	Assessment Bias	Selection Bias	Attrition Bias	Overall Risk of Bias	Risk of Conflict of Interest	Generalisability/Study Conduct
Akerblom, 2005 [1] Knip, 2010 [2] (Nutramigen, Mead Johnson)	Low	Unclear	Low	Unclear	Low	Nil
Knip, 2014 [13] (Nutramigen, Mead Johnson)	Low	Low	Low	Low	Low	Nil
Martikainen, 1996 [18]; Vaarala,1998 [19] (Nutramigen, Mead Johnson)	Unclear	Unclear	Unclear	Unclear	Low	Nil
Paronen, 2000 [24] (Nutramigen, Mead Johnson)	Unclear	Unclear	Unclear	Unclear	Low	Nil
Vaarala, 2012 [32] (Peptidi-Tutteli, Valio)	Unclear	Unclear	Low	Unclear	High *some authors were employees of formula company*	Nil
Saarinen, 1999 [47]; Savilahti, 2009 [48] (Pepti-Junior, Nutricia)	Unclear	Unclear	Low	Unclear	Low	87% of infants received supplementary feeding during their postnatal hospital stay (mean 4 days)

Explanations are provided where judgements were made that risk of bias or conflict of interest is High.

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